

Application Information

Application number:: 10/764,980

Filing Date:: 01/26/04

Application Type:: Non-Provisional

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 3626

CD-ROM or CD-R?:: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:: N/A

Computer Readable Form (CRF)?:: No

Number of copies of CRF:: N/A

Title :: Handheld Medical Reference Application

With Integrated Dosage Calculator

Attorney Docket Number:: 91303

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::N/AVariety denomination name::N/APetition included?::No

Petition Type:: N/A

Licensed US Govt. Agency:: No

Contract or Grant Numbers:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor (1)

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Mark

Middle Name::

Family Name:: Rosenbloom

Name Suffix:: M.D.

City of Residence:: Evanston

State or Province of Residence:: Illinois

Country of Residence:: U.S.A.

Street of mailing address:: 100 Greenwood Street

City of mailing address:: Evanston

State or Province of mailing address:: Illinois

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 60201

Applicant Authority Type:: Inventor (2)

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Karen

Middle Name::

Family Name:: Jeffrey

Name Suffix::

City of Residence:: Chicago

State or Province of Residence:: Illinois

Country of Residence:: U.S.A.

Street of mailing address:: 1210 W. Fletcher

City of mailing address:: Chicago

State or Province of mailing address:: Illinois

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address:: 60613

Correspondence Information

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wjkdocket@WelshKatz.com

Representative Information

Representative Customer Number:	24628

Domestic Priority Information

Application::	Continuity Type:	Parent	Parent Filing
		Application::	Date::
This Application	Non-provisional of	60/442,538	01/24/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

	B 1 / A
Assignee name::	N/A
Assiunce name	1 1/7

Street of mailing address:: N/A

City of mailing address:: N/A

State or Province of mailing address:: N/A

Country of mailing address:: N/A

Postal or Zip Code of mailing address:: N/A